

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000064100

1. Corporation Name

FINANCIAL CONSULTING & INVESTMENT, CORP.

Principal Place of Business

Mailing Address

13241 NE. 3rd. COURT, N.MIAMI, FL. 33161

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1994.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0846703

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPTS	A. VICTORIA HOYOS	820 81th. Street # 4	Miami Beach Fl.33141
DTS	DARREN COLE	13241 NE. 3rd. COURT	N.MIAMI, Fl. 33161
			000002590270--1 -07/16/98--01008--002 ***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

NELSON E. PENALOZA
13241 NORTH MIAMI, FLORIDA 33161

9. Name and Address of New Registered Agent

Name
DARREN COLE
Street Address (P.O. Box Number is Not Acceptable)
13241 NE. 3rd. COURT (REAR)
Suite, Apt. #, Etc.
City
NORTH MIAMI
State
FL
Zip Code
33161

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Darren Cole

REGISTERED AGENT MUST SIGN

Date June 25, 1998.

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

DARREN COLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darren Cole

Date

6/26/98 301)8932187

Daytime Phone #

FILED

98 JUL 13 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-98

CR2E040 (1/98)